



<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/695,299	
	Filing Date	October 27, 2003	
	First Named Inventor	BREINING, PETER M.	
	Art Unit	Unassigned	
	Examiner Name	Unassigned	
Total Number of Pages in This Submission		Attorney Docket Number	021663-000110US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>  Return Postcard PTO/SB/08A & PTO/SB/08B 1 Reference Copy
	Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual	Townsend and Townsend and Crew LLP James M. Heslin Reg. No. 29,541
Signature	
Date	December 2, 2003

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Edward Masinas		
Signature		Date	December 4, 2003

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Attorney Docket No.: 021663-000110US

Commissioner for Patents  
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On 12-4-03



TOWNSEND and TOWNSEND and CREW LLP

By: Edward Masinas

Edward Masinas

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

PETER M. BREINING et al.

Application No.: 10/695,299

Filed: October 27, 2003

For: METHODS AND SYSTEMS FOR  
ENABLING AND STABILIZING  
TOOTH MOVEMENT

Examiner: Unassigned

Art Unit: Unassigned

INFORMATION DISCLOSURE  
STATEMENT UNDER 37 CFR §1.97 and  
§1.98

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

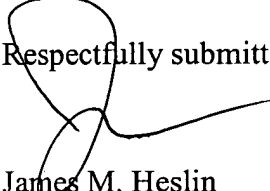
The references cited on attached form PTO/SB/08A and PTO/SB/08B are being called to the attention of the Examiner. A copy of reference No. 15 is enclosed. It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

Applicant believes that no fee is required for submission of this statement.

However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,

  
James M. Heslin  
Reg. No. 29,541

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DEC 08 2003

PTO/SB/08B (08-03)

Substitute for form 1449B/PTO

# **INFORMATION DISCLOSURE STATEMENT BY APPLICANT**

(use as many sheets as necessary)

Sheet **1** of **1**

## **Complete if Known**

Application Number	10/695,299
Filing Date	October 27, 2003
First Named Inventor	BREINING, PETER M.
Art Unit	Unassigned
Examiner Name	Unassigned
Attorney Docket Number	021663-000110US

## **U.S. PATENT DOCUMENTS+**

Examiner Initials*	Cite No. <sup>1</sup>	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number Kind Code <sup>2</sup> (if known)			
	1	4,153,060	05-08-1979	Korostoff et al.	
	2	4,519,779	05-28-1985	Lieb	
	3	4,685,883	08-11-1987	Jernberg	
	4	4,854,865	08-08-1989	Beard et al.	
	5	4,892,736	01-09-1990	Goodson	
	6	4,933,183	06-12-1990	Sharma et al.	
	7	4,959,220	09-25-1990	Yamamoto et al.	
	8	5,294,004	03-15-1994	Leverett	
	9	5,447,725	09-05-1995	Damani et al.	
	10	5,575,655	11-19-1996	Darnell	
	11	5,616,315	04-01-1997	Masterman et al.	
	12	5,633,000	05-27-1997	Grossman et al.	
	13	5,975,893	11-02-1999	Chishti et al.	
	14	Re. 37,656	04-16-2002	Bahar et al.	

## **FOREIGN PATENT DOCUMENTS**

Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document			Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T <sup>6</sup>
		Country Code <sup>3</sup>	Number <sup>4</sup>	Kind Code <sup>5</sup> (if known)				

## **NON PATENT LITERATURE DOCUMENTS**

Examiner Initials *	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>
	15	Nicozisis et al., "Relaxin effects the dentofacial sutural tissues," Clinical. Orthodontics and Research., 3:192-201 (2000).	

Examiner  
Signature

Date  
Considered

\* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.